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Bib Data Sheet

CONFIRMATION NO. 2619

SERIAL NUMBER 10/817,367	FILING OR 371(c) DATE 04/05/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/137,172 04/30/2002 ABN *RL*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/18/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

MULTI USER ORAL CLEANSING DEVICE, DENTALJET

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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